

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: 3954

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Methods For Identifying Treating Or Monitoring
Asymptomatic Patients For Risk Reduction Or
Therapeutic Treatment Of Breast Cancer

Attorney Docket Number:: 005284.00198

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Hung
Name Suffix::
City of Residence:: Belmont
State or Province of Residence:: California
Country of Residence::
Street of mailing address:: 2634 Belmont Canyon Road
City of mailing address:: Belmont
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94002

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Susan
Middle Name::
Family Name:: Love
Name Suffix::
City of Residence:: Pacific Palisades
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 16593 Via Floresta

City of mailing address:: Pacific Palisades
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 90272

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/313,463	05/17/99
09/313,463	Non-Provisional of	60/117,281	01/26/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name: Cytoc Health Corporation
Street of mailing address: 85 Swanson Road
City of mailing address: Boxborough
State or Province of mailing address: Massachusetts
Country of mailing address: United States
Postal or Zip Code of mailing address: 01719